

TOWN OF WARREN MA

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

Date_____

Name of Establishment_____

Business Address_____

Mailing Address (if different)_____

Name & Title of Applicant_____

Address of Applicant_____

Name of Owner (if different from applicant)_____

Address of Owner_____

If Corporation or Partnership, give name, title and home address of officers or partners.

State of Incorporation_____

Name & Address of Local Agent_____

Emergency Response Person: Name_____ Home Phone_____

Type of Establishment

Retail Food _____

Residential _____

Food Service_____

Mobile Food _____

Caterer _____

Dates of operation if not

Annual:_____

*Applications for mobile food units or pushcarts must include a list of the handwashing and toilet facilities available on each route. Attach a separate sheet.

(BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED)

Payment (\$110.00) is due along with application . Make checks payable to the Town of Warren. (This fee includes a \$10.00 milk permit.)

Additional Information:

Water Source _____ Sewage Disposal _____

Days & Hours of Operation _____

The State Law requests that a well or wells being used for commercial purposes must be tested every six months by a State Licensed Laboratory and given to the Board of Health.

Each establishment must have a current Serv Safe certificate at your location in order to apply for a food permit for the upcoming year.

Signature of Person Completing Application

Print Name _____

THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS

Pursuant to M.G.L. ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification Number _____

Signature of Individual or Corporate Name _____

By _____

Corporate Officer (if applicable)

FOR BOARD OF HEALTH USE ONLY

Date Received

Dates Inspected

Approved By

Permit No. Issued
